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MAR 14 2005

Attorney Docket No.: 5885.204-US

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of: Callisen et al. Confirmation No: 1686

Serial No.: 10/019,156 Group Art Unit: 1761

Filed: December 3, 2001 Examiner: Nashed

For: Chemically Modified Lipolytic enzyme

AMENDMENT FEE TRANSMITTAL

Commissioner for Patents
 P.O. Box 1450
 Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment for the above-identified application in response to the Office Action mailed October 5, 2004.

It is respectfully requested that the time for response to the Office Action be extended for a period of three months from January 5, 2005 to April 5, 2005. The required fee for the extension is estimated to be \$1,020.

No additional claims fee is required.

Please charge the required extension fee, estimated to be \$1,020, to Novozymes North America, Inc., Deposit Account No. 50-1701. A duplicate of this sheet is enclosed.

Respectfully submitted,



Jason I. Garbell, Reg. No. 44,116
 Novozymes North America, Inc.
 500 Fifth Avenue, Suite 1600
 New York, NY 10110
 (212) 840-0097

Date: March 14, 2005

GTRAMMEL 00000002 501701 10019156
 1020.00 DA

03/17/2005 GTRAMMEL 00000003 501701 10019156
 100.00
 01 FC:1202

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001

10/019156

CLAIMS AS FILED - PART I

| | | (Column 1) | (Column 2) |
|----------------------------------|----|--------------|--------------------------|
| TOTAL CLAIMS | | | |
| FOR | | NUMBER FILED | NUMBER EXTRA |
| TOTAL CHARGEABLE CLAIMS | 17 | minus 20 = | * |
| INDEPENDENT CLAIMS | 6 | minus 3 = | 3 |
| MULTIPLE DEPENDENT CLAIM PRESENT | | | <input type="checkbox"/> |

* If the difference in column 1 is less than zero, enter "0" in column 2

SMALL ENTITY
TYPE OR OTHER THAN
SMALL ENTITY

| RATE | FEES | RATE | FEES |
|-----------|------|--------------|------|
| BASIC FEE | | OR BASIC FEE | 510 |
| X\$ 9= | | OR X\$18= | |
| X42= | | OR X84= | 252 |
| +140= | | OR +280= | |
| TOTAL | | OR TOTAL | 1142 |

CLAIMS AS AMENDED - PART II

| | | (Column 1) | (Column 2) | (Column 3) |
|---|---|------------|---|------------------|
| AMENDMENT A | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
| Total | * 22 | Minus | ** 20 | = 2 |
| Independent | * 3 | Minus | *** 6 | = 0 |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> | | | | |

SMALL ENTITY OR OTHER THAN
SMALL ENTITY

| RATE | ADDI- TIONAL FEE | RATE | ADDI- TIONAL FEE |
|------------------|------------------------|---------------------|------------------------|
| X\$ 9= | | OR X\$18= | 100.00 |
| X42= | | OR X84= | |
| +140= | | OR +280= | |
| TOTAL ADDIT. FEE | | OR TOTAL ADDIT. FEE | 100.00 |

P.D.

| | | (Column 1) | (Column 2) | (Column 3) |
|---|---|------------|---|------------------|
| AMENDMENT B | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
| Total | * 22 | Minus | ** 20 | = 2 |
| Independent | * 3 | Minus | *** 6 | = 0 |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> | | | | |

| RATE | ADDI- TIONAL FEE | RATE | ADDI- TIONAL FEE |
|------------------|------------------------|---------------------|------------------------|
| X\$ 9= | | OR X\$18= | |
| X42= | | OR X84= | |
| +140= | | OR +280= | |
| TOTAL ADDIT. FEE | | OR TOTAL ADDIT. FEE | |

| | | (Column 1) | (Column 2) | (Column 3) |
|---|---|------------|---|------------------|
| AMENDMENT C | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
| Total | * 22 | Minus | ** 20 | = 2 |
| Independent | * 3 | Minus | *** 6 | = 0 |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> | | | | |

| RATE | ADDI- TIONAL FEE | RATE | ADDI- TIONAL FEE |
|------------------|------------------------|---------------------|------------------------|
| X\$ 9= | | OR X\$18= | |
| X42= | | OR X84= | |
| +140= | | OR +280= | |
| TOTAL ADDIT. FEE | | OR TOTAL ADDIT. FEE | |

- If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
- If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".
- If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

Best Available Copy